RICORD
TREATISE ON
VENEREAL DISORDERS
REVIEW BY
G.BELL
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*Traité Prutique des Maladies Veneriennes, ou Recherches Critiques et Experimentales, sur l'Inoculation, appliquée à l'etude de ces Maladies.* Par Ph. Ricord, M. D. Pp. 808, 8vo. Paris, 1838. *A Practical Treatise on Venereal Disorders, or Critical and Experimental Researches on Inoculation, applied to the study of these disorders.* By M. Ricord.

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In every disease whose presence is indicated by local evidences, it is interesting and no less important to inquire, whether these appearances constitute the disease, or are mere indications of a constitutional malady. The subject is interesting, because its tendency is to excite a perception of the beautiful constitution of the animal economy; and it is important, because it is by detailed inquiry of this kind that the great principles of the science are established.

The strictly local nature of primary syphilis is no longer a question. It is a demonstrated truth. It is equally certain, however speculatists may doubt, that, from the local infection, results a constitutional disease, which is at once dangerous to the individual and his posterity. As the hope of eradicating syphilis is about equal to that of chasing other contagious diseases from among mankind, it becomes an object of prime importance, to learn how to mitigate the severities of a plague. Early recognition of disease is the first great step towards lessening its evils; and if this be

true as regards disease in general, it is especially so, as concerns chancre in particular.

Inoculation has often been applied to the diagnosis of venereal disorders ; but the unerring accuracy of the test has only been fully appreciated of late years. In the work before us, this subject is treated in detail, and with a precision which is truly admirable, and deserves the attention of the profession.

Like the majority of writers on the venereal disease, M. Ricord commences with proving the materiality of the syphilitic virus. But this seems to be a work of supererogation ; for although the profession has been frequently surprised, and sometimes puzzled by the fanciful reasonings of hypothetical writers, no real argument exists against the entity of the poison of chancre. We may safely defy, alike the most subtile and profound, to prove the negative proposition, that regular unvarying phenomena, the constant successors of certain antecedents, are not what they are seen to be.

That peculiarity of constitution modifies the appearance and progress of local disease, is a position maintained by every scientific physician ; but it seems to have been forgotten that chancre is amenable to the same law ; and out of this forgetfulness has issued a cloud of hypotheses which shrouded what was previously sufficiently dark. Difference in form is the ground-work of the argument in favour of a plurality of syphilitic poisons ; for it has been imagined that, because the matter of chancre is specific, the effects of the specific cause should always be identical in appearance. This no doubt would be the case, if all constitutions were alike, and the same tissue in each the seat of disease ; but constitutions vary, and each tissue is endowed with a peculiar irritability. Hence, when the same specific irritant is applied, the effects, though identical in nature, will be different in form. Thus the multitude of forms which chancre may present forbid that its diagnosis should be founded on its external characters alone ; and while inoculation is valuable as a differential means of diagnosis, it becomes invaluable as a method of certifying the specific nature of sores which, to appearance, are not chancres.

It has been remarked, however, that inoculation is not a test for syphilis ; that there is no characteristic syphilitic pustule ; and that, excepting in the case of Hunterian chancre, the disease can only be certainly known by its effects. Now if the inoculation of the secretion of a sore, known by its external characters to be syphilitic, viz. the Hunterian chancre,—give rise to a pustule of definite character in every case ; if, as the disease goes on, this pustule becomes a sore which secretes a matter possessing the same properties as that from which it originated ; we have a right to conclude, not only that the disease thus artificially produced is chancre, but that all sores secreting matter possessing the same property are chancres likewise. If our opponents are in the right,

then medicine can no longer be a science ; the doctrine of Hume must be true ; and disease may be only an idea existing in the brain of the physician.

Inoculation has been condemned as a means only of satisfying curiosity, while it multiplies the sources of danger ; and it has been argued that, for this reason, it is a practice which ought not to be tolerated. But if truth be the object of our search; if success in treatment depends on a just diagnosis; if diagnosis be the basis of prognosis; and, above all, if it be true, that the number or size of the primary sores has little influence in determining the occurrence of constitutional symptoms ; this objection can no longer be valid in the eyes of the rational physician. Empirics live on our ignorance, and the acquisition of truth is the surest way to rescue mankind from the fangs of two ruthless destroyers,—the syphilitic poison and quack-doctors.

Mankind is deeply interested in the solution of the question, *what is syphilis?* and although this scourge has too long been an object of observation to admit of difficulties in replying to the general question, still the puzzling inquiry is daily made, is *this* sore a chancre? Such a problem can now readily be solved ; for M. Ricord has demonstrated that chancre in the period of increase or when stationary, is always inoculable, and gives origin to the characteristic pustule alluded to above. Chancre, in order to be properly understood, must be studied in its different phases. The disease consists of two stages or periods ; 1*st*, the period of increase, or the stationary period, in which it furnishes an inoculable secretion ; and, 2*d*, the period of reparation, when it assumes the form of simple ulceration, and is no longer contagious. The importance of this distinction is too evident to require being insisted on.

If we inoculate the matter secreted by chancre during the first period, constant and regular phenomena take place. In twenty-four hours the part becomes red as after vaccination, and passing through the stages of vesicle, pustule, and incrustation, it finally assumes the form of the Hunterian chancre, and engenders a virus proved by experiment to be identical in nature with that which produced it.*

Numerous experiments and observations authorize the following conclusions.

1. Chancre can only be recognized with certainty, by the quality of the matter it secretes, and the constitutional symptoms it determines.

2. Chancre alone can produce chancre.

3. Inoculation never fails, if the proper conditions are observed regarding the taking and applying of the matter.

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* The phenomena which occur on the inoculation of the matter are fully described in a former paper ; *vide* Medical and Surgical Journal, No. cxxxv. April 1838.

4. The matter of the pustule of inoculation is equally virulent with that of the original sore.

5. The pustule is always developed on the precise point where the inoculation was performed, and never at another.

6. The chancre of inoculation is never preceded by phlegmon, unless the matter has been introduced into the cellular tissue or a lymphatic vessel.

7. The constitutional malady which results from this antecedent only, is not a *necessary* consequence of it, and appears only when the primary disease has endured for a certain time.

8. In order to perceive the truth of this important observation, it is necessary to distinguish between the real and factitious commencement of the disease, that is, to date its commencement from the day on which it was contracted, and not from that on which it was first perceived.

9. By making observations in this way, it will be found that, if the sore be destroyed with caustic or other means on the third, fourth, or fifth day after the application of the cause, all risk of constitutional infection is removed.

10. Indurated chancre is the common antecedent of constitutional syphilis; induration commonly commences on the fifth day, it apparently announces that the poison is entering the system, and, in so far as it has not occurred, the disease may be regarded as still local.

M. Ricord's experiments further prove,

1*st*, That the fact of an individual *having been* or *still being* the subject of chancre, does not prevent his contracting other chancres to an indefinite number.

*2d*, That chancre does not multiply itself, *i. e.* if a man is affected with a primary syphilitic sore, we never see sores of the same nature appearing on other parts of the body, unless from the application of matter from the first sore, or by contagion from another individual.

*3d*, The presence of constitutional syphilis is no hindrance to the occurrence of chancre.

*4th*, The frequency of secondary symptoms bears no proportion to the number of primary sores developed at the same time.

Numerous cases are recorded in which wounds, leech-bites, &c. assumed the characters of chancre, or were poisoned by the constitutional malady. M. Ricord has tested these cases, and relates the following interesting history in proof of the position, that "chancre does not multiply itself," &c.

A woman had on the vulva numerous chancres, which were in the period of increase, and secreted abundantly. She was seized with rheumatic pain in the right external malleolus, and leeches were applied. A few days after, she complained of much pain in

the leech-bites, and on examination it was found that some of them were inflamed, and had assumed the appearance of the pustules of ecthyma. These pustules were soon succeeded by ulcerations presenting all the characters of true chancres, and it was believed by those attending the hospital, that they were the result of general infection.

M. Ricord directed that leeches should be applied to both limbs, and every precaution used to prevent the contact of contagious matter; and then performed the following experiments. He inoculated matter taken from the vulvular chancres, and matter secreted by the ulcerated leech-bites, both which gave rise to true chancres. The bites which had been protected cicatrized in the usual way.

It sometimes happens that, when leeches are applied to buboes, foul ulcerations occur, which cannot be attributed to the contact of contagious matter. In this case one of two things has occurred; either the bites have been irritated, and succeeded by a kind of furunculus which suppurates, in which case the matter is not inoculable; or the infection has been communicated from within outwards, that is, the matter of the *glandular chancre* has inoculated the leech-bites in its progress towards the surface, in which case the ulcerated bites furnish an inoculable secretion.

TABLE of experiments with the secretion of primary symptoms, 1834–1837.

*Male Ward.*

Symptoms, the inoculation of whose secretion gave rise to the characterisic pustule.

| | | |
|---|---|---|
| Chancres in the period of progress, | of the penis, | 347 |
| | of the anus, | 9 |
| | of the urethra, (larvés,) | 21 |
| | of the lips, | 3 |
| | of the throat, | 1 |
| | of different localities, | 8 |
| Primary pustules, | of different localities, the result of impure sexual intercourse, on the thigh, the result of artificial inoculation, | 59 |
| Virulent abscess or encysted chancre, | of different localities, | 18 |
| Symptomatic lymphatitis, or chancre of lymphatics, | inoculation practised in the day they were opened, or some time afterwards, | 11 |
| Symptomatic buboes or glandular chancres | inoculation on the day they were opened, | 42 |
| | inoculation practised one or more days after they were opened, | 229 |

N. B.—Of these latter 214 were inoculated the day they were opened, without any result.

TABLE of experiments with the secretions of primary symptoms, 1831–1836.

*Female Ward.*

| | | | |
|---|---|---|---|
| Symptoms, the inoculation of whose secretion gave rise to the characteristic pustule. | Chancres in the period of progress, | of the vulva, - - - - | 139 |
| | | of the vagina, - - - - | 2 |
| | | of the neck of the uterus, - - | 12 |
| | | larvés (hidden chancre,) - - | 6 |
| | | of the anus, - - - - | 28 |
| | | of the lips, - - - - | 4 |
| | | of the throat, - - - | 2 |
| | | of different localities, - - - | 6 |
| | Primary pustules, | consequent on impure sexual intercourse, consequent on artificial inoculation, - | 27 |
| | Virulent abscesses, | of different localities, - - | 8 |
| | Symptomatic buboes, | inoculation, day of opening, - - | 21 |
| | | do. one or more days after they were opened, | 46 |

N. B.—Of these latter 20 were inoculated the day on which they were opened, without any result.

*Gonorrhœa.*—Many years have not elapsed since the doctrine prevailed, that chancre and gonorrhœa are the same disease, differing only in form. Hunter maintained this opinion, and accounted for the difference of form by the difference of seat; but that these diseases are distinct in nature, and very different in importance, was first taught by Sigwart, John Clement Tode, and Dr A. Duncan Senior, and afterwards demonstrated by Benjamin Bell, in his Treatise on the Venereal Disease. Although this doctrine now prevails, daily observation furnishes cases which puzzle the practitioner, and cause him to waver in the faith which he professes. Some men contract chancre from intercourse with females who exhibit only symptoms of gonorrhœa; while others are seized with symptoms of gonorrhœa after connection with individuals who are affected with chancre, and in whom this symptom may or may not be apparent. It is by no means rare to meet with cases of constitutional syphilis in persons who refer the symptoms to a previous gonorrhœa, or who disclaim having ever been affected with any primary venereal disease. But these cases can be explained in a manner confirmatory of the doctrine established by M. Ricord, that chancre alone can produce chancre. Every experimenter is satisfied of the fact, that, in the vast majority of cases, the inoculation of gonorrhœal matter is innocuous; but it is equally true, that the secretions furnished by the urethra of the male and vagina of the female are sometimes inoculable, and give origin to true chancres. Superficial observers would conclude from this, that the matter of gonorrhœa is sometimes inoculable; but M. Ricord has demonstrated the contrary, and shown that the matter of gonorrhœa *per se* never gives origin to chancre.

We here insert the table of his researches on this subject.

TABLE of Inoculations performed with the secretions of venereal symptoms not syphilitic, 1831—1837.

Symptoms, the inoculation of whose secretion was succeded by no positive result.

| | | |
|---|---|---|
| Buboes occurring as the first symptom (d'emblées,) | | 39 |
| ——— sympathetic, | | 248 |
| Acute Gonorrhœa | of the glans and Prepuce,—Balanitis, | 28 |
| | urethral, | 291 |
| | vaginal, | 82 |
| | vulvular, | 31 |
| | uterine, | 27 |
| | anal, | 36 |
| | ophthalmic, | 6 |
| Chronic gonorrhœa of different seats, | | 112 |
| Suppurated Epididymitis, | | 3 |
| *Symptoms not characteristic, which may succeed venereal affections, either simple or virulent.* | | |
| Vegetations, ulcerated and not ulcerated, of different forms and localities, | | 28 |

From such data we should be entitled to conclude, that, when the matter of gonorrhœa gives origin to chancre, something more than gonorrhœa exists. But that this fact may be incontestibly established, M. Ricord demonstrates it.

1*st*, He has proved by experiment, that the matter of chancre remains inoculable when mixed with the products of secretion, morbid as well as normal, viz. urine, the mucus of the vagina, the muco-purulent matter of urethritis, balanitis, and vaginitis, saliva, fæcal matter, sweat, and spermatic fluid.

2*d*, He details cases of chancre situated on the glans or elsewhere, and accompanied by urethral gonorrhœa, in which inoculation of the secretion of either symptom indicated the virulence of the first disorder, and the non-syphilitic nature of the second.

3*d*, He records cases in which the urethra and vagina furnished inoculable secretions, and where he found, by induration, &c. in the one class of cases, and ocular inspection, by aid of the speculum vaginæ,* in the other, that the urethra and deep parts of the vagina were the seats of chancre.

We shall here detail two of the numerous cases recorded by our author, to serve as specimens of his method of experimenting.

" *Chancre on the Neck of the Uterus, accompanied by Vaginal Gonorrhœa.*—Haul. Catherine, aged 23, admitted April 8, 1834. This patient had nearly recovered from a former infection, seven months ago, when she again exposed herself, and contracted chancre

* For a detailed account of M. Ricord's researches with this instrument, vide Mémoire sur quelques faits observés à l'Hôpital des Veneriens. Par P. Ricord, inseré dans le 2e fascicule Tome 2e des Mémoires de l'Academie Royale de Médecine.

and gonorrhœa from a person who was the subject of chancre only. She has not been subjected to any treatment. It is worthy of remark, that she has long been affected with chronic discharge, which determined the appearance of gonorrhœa, in those who had connection with her; but if these latter continued their connection with her after being cured, they resisted the contagion by a species of habituation.

At present there is a chancre on the left labium, and another on the corresponding nympha. By examination with the speculum, the vagina is found to be the seat of puriform discharge;—an opaline secretion proceeds from the uterus, and on the anterior lip of the *os uteri* is situate an ulcer, of a gray colour, and with raised irregular edges.

18th. The acute stage has disappeared under the influence of emollient injections and opiate cerate; the discharge is whiter and less abundant, but the ulceration on the neck of the uterus retains its former aspect. Both thighs inoculated; the right with matter taken from the surface of the sore, and the left with the muco-purulent matter found in the *cul-de-sac* formed by the mucous membrane, where it is reflected from the vagina on the neck of the uterus.

" 19th. The points of inoculation red and elevated.

" 20th. Well-formed vesicles on both thighs.

" 22d. Pustules; full of matter.

" May 1st. Well characterized chancres in the parts inoculated; the edges of the sores are smooth and perpendicular, (*taillés à pic,*) and the surface of a grayish colour Chancres cauterized and dressed with the calomel and opium ointment. The chancres of the labium and nympha are in the stage of reparation. The ulcer on the neck of the uterus is much diminished in size, and what remains is granulating. It has been cauterized six times.

" 10th. Chancres of inoculation covered with fleshy granulations; they are indurated at the base.

20th. Gonorrhœa and chancre of uterus have disappeared. Pills of the proto-ioduret of mercury, &c. were ordered with a view to remove the induration.

" 30th. No ulceration; induration nearly gone.

" June 7th. Discharged cured.

" *Gonorrhœa: Chancre of the Urethra (Chancre larvé.)*—Br. ——, aged 19, admitted 9th of March 1833. This patient perceived a slight purulent discharge from the urethra, three days after a suspected coitus; the discharge gradually increased in quantity; he experienced acute pain during micturition; inflammation of the glans with partial phimosis took place, and, although there are some red spots, there are no excoriations.

" 11th. Gonorrhœal matter inoculated on the right thigh by three punctures.—Camphor and opium pills and emollient baths prescribed.

" 15th, The characteristic pustule has resulted from the inoculation, but it is not well developed. Inoculation repeated on the left thigh.

" 17th. Characteristic pustules have appeared on both thighs. The chancres on the right thigh extend to the whole thickness of the skin. On pressing the urethra in the situation of the *fossa navicularis*, induration can be felt, indicating the presence of a chancre.

" 22d. Bubo in each groin, which were leeched. The secretion from the urethra has inoculated an excoriation near the frenum ; the prepuce has become œdematous ; phimosis complete.

" 17th. (27th ?) Pills of the proto-ioduret of mercury were ordered, with a view to remove the induration ; and the gonorrhœa was treated with acetate of lead injections.

" April 6th. The frenum is nearly destroyed by the chancre of inoculation. The discharge from the urethra is much diminished in quantity, and has lost its green colour.

" 10th. The patient complains of tenderness of the gums ; no ptyalism ; gums touched with hydrochloric acid. Inoculation repeated on the left thigh with matter from the urethra.

" 18th. No result from the inoculation ; induration of urethral chancre is diminished ; the chancre has arrived at the period of reparation.

" May 1st. Chancres on the thighs have healed ; the discharge is nearly gone.

" 3d. All induration has disappeared ; the chancre of the frenum is cured. Mercurial treatment suspended.

" 14th. Discharged."

These cases speak for themselves ; but we cannot help asking how the chancre on the frenum would have been accounted for a few years ago.

*Bubo.*—It was a question much agitated in former times, whether bubo should be regarded as a symptom of syphilis, that is, whether it can be a source of general poisoning.

M. Ricord's experiments and observations have led him to the following conclusions on this subject.

1*st*, Bubo may be the result of simple inflammation, which arises either sympathetically in the part affected, or by the gradual propagation of the inflammation, whether the primary lesion be gonorrhœa or chancre.

2*d*, It may be virulent, that is, due to the direct application of the poison by lymphatic absorption. This kind is the legitimate consequence of chancre, for chancre alone can produce it.

3*d*, It may be superficial or deep, or both at the same time.

4*th*, It may be situated in the cellular tissue, in a lymphatic vessel, or in glands ; or in the cellular tissue and a lymphatic vessel ; or in all three at the same time.

5*th*, It may be acute or chronic.

6*th*, It may be preceded by other symptoms, or be itself the first.

*7th*, When it is preceded by other symptoms, it may either immediately succeed these, and constitute what is called chancre by succession ; or it may occur when the disease has become constitutional, and form a secondary symptom.

Bubo has frequently been subjected to the test of inoculation, both before and since M. Ricord published his researches. The test sometimes succeeded, but more commonly failed, and hence it has been decried as a method of diagnosis of no value. But " this pretended infidelity of inoculation is precisely the circumstance in which its absolute value as a means of diagnosis consists."

According to M. Ricord's experiments, the symptomatic bubo alone furnishes an inoculable secretion. But in order that bubo may supply a specific purulent matter, it is not enough that it has been preceded by chancre ; it must be the result of irritation from the absorption of matter from that chancre, and not a simple sympathetic irritation. Bubo from absorption is situated in the superficial glands ; and although those more deeply situated may be inflamed and tumid at the same time, and even advance to suppuration, the inflammation, of which they are the subject, is simple, and altogether different from the specific inflammation, with which the first mentioned superficial glands are affected.

" It was some time," says M. Ricord, " before I discovered the reason why all buboes are not inoculable ; why a bubo which does not furnish an inoculable purulent matter to-day, supplies it to-morrow ; and why, in multilocular buboes, we find an inoculable matter at one part and not at another. I learned to experiment with greater precision ; I inoculated the matter which first escaped on opening the bubo, and generally without any result ; I then inoculated with matter taken one or more days after the opening was made, which frequently gave rise to the characteristic pustule. In many cases the inoculation continued innocuous, and I found that all those buboes, which did not supply an inoculable secretion, followed the course of simple phlegmon, and advanced towards a cure, while those which secreted an inoculable purulent matter speedily assumed the characters of chancre.

" But it might be argued that those buboes which at first furnished a secretion which was not inoculable, acquired the power of secreting a specific pus, by the application of matter from the chancre or some other cause. A case occurred which explained this difficulty. A patient came under my charge with a large suppurated bubo connected with chancre. I opened the abscess, and after having evacuated the pus from the cellular tissue, I found an enlarged lymphatic gland in the middle of the cavity, which presented signs of fluctuation. I punctured the gland, and inoculated at the same time the matter which escaped from this latter, and that which flowed from the surrounding cellular abscess. The result proved that the difference in the result of these experiments depended on my not looking for the virulent matter where it is to be found.

"After this I instituted a series of experiments which prove that inoculation is not a fallacious test. I made choice of buboes which were well advanced, and were preceded by chancre; I inoculated with the matter which escaped on their first being opened, and again with that found at the bottom of the cavity. The first inoculation was innocuous, while the second gave rise to the characteristic pustule."

Such is M. Ricord's method of research; and his experiments fully explain the cause of the conflicting testimony of authors touching the origin of buboes, and inoculation as a test of their nature.

Bubo is frequently the first and only symptom complained of, and is generally observed about a fortnight after the suspected coitus. Inspection commonly proves that a chancre does or has existed; but cases sometimes occur in which bubo is in reality the first symptom, constituting what our author denominates *bubons d'emblées*. In such cases we find that the deep-seated glands* are first affected, that their progress is chronic, and that they evince little tendency to suppurate.

The most important observations made by M. Ricord on this subject are,—

1*st*, When the *bubon d'emblée* suppurates, the matter, according to his experiments, is never inoculable.

2*d*, He has never found it succeeded by symptoms of secondary syphilis.

There is room to doubt, therefore, whether *bubon d'emblée* is determined by the fact of the coitus being impure.

From all his experiments, M. Ricord concludes,

1*st*, That virulent bubo, or bubo resulting from the absorption of the matter of chancre, is identical with chancre in nature, and differs from it in form only.

2*d*, That the symptomatic bubo is the only inoculable species.

3*d*, That all the signs indicated by authors as characteristic of virulent bubo, only serve to establish a probable diagnosis, and that inoculation alone is an unexceptionable test.

4*th*, That if a correct diagnosis is essential to guide us in our prognosis of suppurated *bubon d'emblée*, we should never neglect to inoculate its secretion at every stage of its progress; for observation has demonstrated, that buboes which are not inoculable, when the experiment is well performed, are never succeeded by secondary symptoms, and, therefore, that they are not syphilitic. Besides the syphilitic poison, other causes, which often escape our

* M. Ricord observes that the symptomatic bubo is situated in the superficial glands; that virulent inoculable purulent matter never passes the first gland by direct absorption; and that when deep glandular swellings suppurate they never afford an inoculable secretion until they have been infected by matter from a chancre or diseased superficial gland.

notice, may give rise to inflammatory obstruction of the lymphatic system of one part of the body as well as another, and, therefore, it would be absurd to pronounce a bubo to be syphilitic because it has occurred a short time after coition; the more so, as at a certain age there is no disease which may not be preceded by this act, so often performed, and so frequently suspected.

*Mucous Tubercle.*—This symptom, though reputed to be primary, has never, in M. Ricord's experience, supplied an inoculable secretion. "The morbid matter it secretes has been inoculated with the lancet, applied to blistered surfaces, rubbed upon denuded parts, retained on portions of the skin from which the hairs have been newly plucked, and in every case without effect."—"It seems to constitute a sort of transition between chancre and constitutional syphilis."

Chancre is the regular and constant antecedent, the specific cause of mucous tubercle; it always originates from chancre either in the infected or infecting individual. All persons are not susceptible of it; the mucous membranes are its ordinary localities, and the skin is only liable in certain parts, as in the vicinity of the anus, behind the ears, around the umbilicus, &c.

It is often difficult to distinguish mucous tubercle from chancre in the state of vicious reparation.

Every body knows that mucous tubercle is more frequently a secondary than a primary symptom, and if we consider that it occurs most frequently in women and infants, in whom the chancre to which it succeeds may remain hidden or unperceived; that it appears at a time after the occurrence of chancre, when true secondary symptoms may be developed; the genuine origin of the symptom will be admitted to have been chancre, and that it is chancre undergoing a vicious reparation or transformation *in situ.* Mucous tubercle is a common constitutional symptom, and it never is consequent on simple uncomplicated gonorrhœa.

M. Ricord concludes;

1*st*, That mucous tubercle is not inoculable.

2*d*, That it should be regarded as a secondary symptom, or an evidence of constitutional disorder.

3*d*, That its secretion can act as an irritant, and determine inflammation in parts with which it comes in contact.

4*th*, That when chancre is communicated by an individual affected with mucous tubercle, some other specific affection existed at the same time.

5*th*, That, like other secondary symptoms, mucous tubercle is only hereditarily transmissible.*

* Mucous tubercle is frequently seen on the external parts of the vulva, fourchette, and in the vicinity of the anus of women who are affected with chancre; and the author of this article has seen some cases which appeared to warrant the opinion, that mucous tubercle may originate from the application of matter from a chancre pas-

*Constitutional Syphilis.*—Hunter proved that constitutional syphilis is not inoculable. M. Ricord has experimented with every morbid secretion which are reputed to result from syphilitic poisoning, and confirms the doctrine propounded by the great Scottish physiologist.

This subject admits of demonstration. The virus of chancre may be absorbed by the lymphatics, and remain inoculable until it has passed the first gland in relation with these vessels; but it is remarkable that, although the veins likewise absorb, we can never find an inoculable matter in these vessels, however close to the chancre we make the search. The virus ceases to be inoculable immediately after it is blended with the circulating fluid.

It has been remarked that, in cases of chancre of the glans or prepuce, the dorsal veins of the penis are liable to inflame; but it will be found that the appearance which gives rise to this opinion is, in reality, due to inflammation of a lymphatic, for, the hard swelled cord (which is frequently knotted) extends from the chancre to the glandular region without ever passing it, and that its progress is not so uncertain as that of phlebitis. When the part suppurates and is opened, the pus is never mixed with blood. M. Ricord has had opportunities of examining this lesion anatomically; and the information thus obtained confirms his statement, that the appearance in question is due to inflammation of a lymphatic vessel, and not to phlebitis.

The majority of observers agree that secondary syphilis is not contagious; but many have been deceived by symptoms which from their situation, and the time of their developement, might be referred to the inoculation of a constitutional sore. M. Ricord has met with primary ulcerations of the lips, tongue, anus, and even of the pharynx, contracted by the direct application of matter from a primary sore, and which consequently furnished an inoculable secretion. Many persons have been puzzled to account for the presence of chancre on different parts; but when such diseases as itch or prurigo coexist with chancre of the penis, we can easily understand how the disease may be propagated by inoculation to other parts of the body. Superficial observation and inquiry thus expose us to deception, for these chancres or primary

sing into the stage of reparation, and thus constituting a symtom, strictly speaking, neither primary or secondary. The tubercles were ulcerated or not, according to the moisture of the part, and frequently disappeared spontaneously under the influence of repeated ablutions, and guarding against the application of morbid secretions.

Though the Editors are unwilling to obtrude their opinion, where a person so experienced as M. Ricord has deemed it proper to refrain, they think it requisite to say, that the tumour denominated *Mucous Tubercle* is, in all cases, merely inflammation, acute or chronic, of one of the muciparous follicles, in consequence of the application to its aperture of foul secretions or syphilitic or gonorrhœal matter. The application of any of the secretions specified induces swelling of the follicle, obstruction of its orifice, and consequently more perfect and general swelling; and this obstruction and enlargement gives rise, we conceive, to the phenomenon denominated Mucous Tubercle.—Editors.

pustules might be taken for pustules of *ecthyma syphiliticum*, and the ill appreciated event quoted as a proof of the inoculability of secondary syphilis.

M. Ricord has made numerous experiments with the matter of secondary symptoms, occurring both during the continuance of the chancre to which they owed their origin, and at greater or less intervals of time, after the disappearance of the primary sore. Of these experiments we here subjoin tables.

Table of inoculations with the secretions of secondary symptoms, 1831–37.

**Symtpoms, whose secretion were found not to be inoculable.**

| | |
|---|---|
| *Symptom of transition.* | |
| Chancres in the period of reparation, | 62 |
| *Secondary syphilis.* | |
| Mucous, tubercles, &c. of different localities, | 221 |
| Ecthyma syphiliticum, | 10 |
| Rupia, | 9 |
| Ulcers (consequent on mucous tubercle, ecthyma, rupia, impetigo, &c.) of the nasal fossæ, | 19 |
| lips, | 14 |
| palate, | 4 |
| throat, | 31 |
| anus, | 41 |
| *Tertiary symptoms.* | |
| Tubercles, ulcerated, occupying the whole thickness of the skin, | 21 |
| Tubercles of the cellular tissue in the state of abscess and ulceration, | 11 |
| Periostitis suppurated, | 15 |
| Caries of different bones, | 10 |

Table of inoculations with the secretions of symptoms not syphilitic, 1831–37.

**Comparative researches. Inoculation, negative result.**

| | |
|---|---|
| Atonic ulcers of the limbs, | 6 |
| Ecthyma simplex, | 5 |
| Herpes, | 4 |
| Ulcers, scorbutic, | 2 |
| scrofulous, | 6 |
| Caries, scrofulous, | 4 |
| Stomatitis, ulcerous, | 8 |
| Eczema, intertrigo, ulcerated, | 2 |
| Ostitis, | 2 |
| Cancers, of the uterus, | 5 |
| rectum, | 6 |
| breast, | 2 |
| penis, | 3 |
| nose, | 4 |
| Abscess of different localities, | 15 |

About the same time that M. Ricord's work was given to the public, there issued from the English press a book in which a doctrine, contrary to that promulgated by our author, is maintained. The work to which we refer is that by Dr Colles on the Venereal Disease, in which the doctrine is upheld that secondary syphilis is contagious.

We do not think that Dr Colles has established his position; and we proceed to show how the cases he adduces in proof of it do not militate against the doctrine propounded by M. Ricord, but admit of a confirmatory explanation.

At the 13th page of his work, Dr Colles relates the following case.—" Many years ago a young surgeon of my acquaintance, paying his addresses to a young lady, had unfortunately at the time a secondary venereal ulcer on the lower lip. The lady contracted an ulcer on her lip, which was soon followed by an enlarged lymphatic gland under the lower jaw; the ulcer had the character of venereal so strongly marked, that the case was pronounced to be syphilitic, and she was directed to use mercury." This lady died shortly after from the combined effects of mercury and distress of mind, acting on a constitution of great delicacy.

We are here informed of two circumstances, one, that the gentleman had a *secondary* sore on the lip, and, the other, that the lady contracted *chancre* from contact with that sore. Granting that the sore communicated was primary, the sore on the gentleman's lip must be shown to have been secondary, and not primary, before it can be received as evidence of the doctrine, that a secondary sore can give rise to the primary disease.

The next case is more fully stated. An accoucheur received an injury of the finger, by the falling of a window-sash; he continued to practise his profession; a sore appeared at the injured part; this sore was brought in contact with the genital organs of certain ladies; and, from this contact, *primary* syphilitic sores originated. It is further stated that this gentleman had contracted chancre on the finger at a former period. From all this series of facts we would infer, that the accoucheur had unfortunately contracted chancre again, and this the rather when we are told that his finger was in the most favourable condition for receiving the contagion of syphilis. The argument adduced by Dr Colles hinges on the fact of the gentleman having been the subject of syphilis at a previous date; but it is not mentioned that he was *not* exposed to infection. A sore is not secondary, merely because it has the appearance of being so, and occurs in company with a syphilitic eruption.

The next case adduced in proof of the inoculability of secondary syphilis, is that of a " nipple-drawer," who contracted an ulcer on the tongue, and continued the practice of her calling during the time of its persistence. It is stated that she communicated disease to several ladies of distinction; and the following are the appearances observed.

" The nipple first became slightly inflamed, which produced an excoriation, with a discharge of thin liquor; from thence red spreading pustules were dispersed round it, and gradually spread over the breast, and, where the poison remained uncorrected, produced ulcers. The pudenda soon after became inflamed, with a violent

itching, which terminated in chancres, that were attended with only slight discharge; and in a short time pustules were spread over the whole body." * * * "The husbands of several had (contracted) chancres, which quickly communicated the poison, and produced ulcers in the mouth, and red spreading pustules on the body; but such of them escaped as had timely notice of the nature of the disease, before the pudenda were affected. Some infants received it from their mothers, and to the greatest part of them it was fatal." This case is extracted by Dr Colles from the 3d volume of the Edinburgh Medical Essays and Observations.

We do not consider this a distinct history of a case of syphilis; but, waiving all objection on this head, we shall start with the data allowed us, that the sore on the nipple-drawer's mouth and those on the nipples of the ladies were *chancres*.

The order of events was as follow; chancre on the nipple; *pustules* on the breasts, which became ulcers; an inflammatory itching state of the pudenda, which terminated in chancres attended by a scanty discharge; and, finally, a general pustular eruption. Several of the husbands contracted *chancres* from contact with the pudenda of their wives, and in all cases the same pustular eruption supervened. This is a curious circumstance, for the pustular form of eruption does not, for the most part, quickly follow the primary symptom.

The local nature of the constitutional symptoms, the red spreading pustules appearing first round the nipple, and being *gradually* dispersed over the breast, finally becoming sores, would, on the supposition that the original sore was chancre, lead us to consider these pustules as primary, and style these *chancres by succession*. Further, we are told that the genital organs became itchy and inflamed, and that chancres or sores appeared thereon. It would suffice, were we to show that a doubt exists concerning the secondary nature of the sores on the pudenda, for no doubts should shadow facts, subversive of a principle fixed on so broad a foundation as that propounded by M. Ricord. But more than a doubt exists; for it is not only possible, that the poison of syphilis may have been conveyed by the patients themselves from the nipple to the pudenda, but it is highly probable that women who have been lately delivered, and in whom the breasts and genital organs are so circumstanced as to demand more than common attention, would communicate a contagious disease of one organ to another. Thus we would not think, that if the nipple-drawer contracted *chancre* during the exercise of her profession, she had received the infection of constitutional syphilis; for in the person from whom she received it the order of events was merely changed; —the disease had been conveyed from the pudenda to the nipple. We consider, then, that this history does not tend to prove that

contact with a secondary ulcer is equally to be dreaded as contact with a primary sore; that *ecthyma syphiliticum* is identical in essence with chancre; that secondary syphilis can give rise to the disease of which it is a consequence.

With regard to children born syphilitic infecting their nurses, the question is more intricate. That syphilis, as a constitutional malady, is hereditarily transmissible from parent to offspring, is a fact familiar to every medical observer; but that children who are the subjects of constitutional syphilis alone can communicate chancre is very apocryphal, and contrary to what we positively know of the natural history of the disease. Experiment and observation have amply proved that the secretion of a secondary pustule, abscess, or ulcer is not inoculable,—that the purulent matter is not specific; and, therefore, when a child primarily infects its nurse, we have a right to doubt whether that child was not the subject of chancre. When we consider that the presence of the secondary disease does not forbid the inoculation of the primary form, and that chancre is frequently situated in the deep parts of the vagina, we can readily understand, how a child which inherits the constitutional disease, may have the primary form superadded, and how a nurse infected by such an infant may be supposed to have received the infection of secondary syphilis. When it is further remembered, that the venereal disease has but lately commenced to be understood in its details, and that our judgment of the constitutional evidences of the presence of the disease is for the most part founded more on partial examination, and on the history of the case, than on accurate inspection of these evidences, we can readily perceive how a small chancre may escape detection amidst the eruption which marks the constitutional disorder, and, consequently, how we may be deceived touching the contagious nature of secondary syphilis.

Hunter not only denies that nurses can be contaminated by infants secondarily affected, but asserts that children cannot receive the constitutional disease from their parents; for, according to his experiments and observations, secondary syphilis is not inoculable; and if contamination from it could once take place, "it would be possible to contaminate for ever." He makes some observations on the nature of secondary syphilis, and refers it to the diffusion of the venereal poison through the circulating fluids, forcing, as it were, "certain parts of the body to assume the venereal action, which action is perfectly local, and takes place in different parts, in a regular succession of susceptibilities." This theory implies the indefinite circulation of a poison, for years frequently elapse between its absorption and the appearance of constitutional evidences of the event. It likewise implies that these evidences should be chancres, the symptoms being produced by

the actual application of syphilitic matter to the parts in which the disease is manifested. But secondary pustules, &c. are demonstrated not to be chancres, and therefore secondary syphilis, though dependent on the absorption of the matter of chancre, is a disease *sui generis*, having no symptom in common with that which it recognizes as its cause. It appears that the circulating fluids are contaminated by the poison of chancre; that the irritability of the capillary system is modified by its stimulus being changed; that the disease is dependent on a poison having circulated, and not on a poison circulating. The irritability of the capillary system being modified, common exciting causes become morbid stimuli; and thus we find ordinary exposure determining ulceration of the throat instead of slight cynanche; and a blow on the shin giving rise to ostitis in place of slight temporary pain and discoloration. Amidst the multitude of affections termed secondary, we find none which bears any analogy to chancre, either in property or appearance. We vainly inoculate the matter of abscesses, secondary buboes, ecthyma, rupia, ulcers, &c. from which we conclude (logically, it is conceived,) that they are different, distinct from chancre, which, when properly inoculated, always gives rise to chancre. The matter of these affections may be specific; but as yet we are ignorant of what constitutes their specificity; and before cases like those we have reviewed can be received as evidence of the contagious nature of secondary syphilis, it must be shown that the sore on the accoucheur's finger could not have been chancre; that the sores on the pudenda of the ladies were not chancres; and that the children referred to were not the subjects of chancre. All this must be proved beyond a doubt, before the doctrine can be set aside, that "chancre alone can produce chancre;" and the converse established, that "secondary venereal sores can produce primary ulcers."

We have thus endeavoured to show, that the arguments advanced by Dr Colles in favour of the doctrine he professes do not establish his position; but, at the same time, we confess that cases are recorded, and have even come within our own knowledge, which cannot be so easily explained. Benjamin Bell relates, at the 426th page, Volume 2d, of his work on the Venereal Disease, the following fact:—"About ten years ago I was desired to visit a child seven or eight days old. It was covered with a rash, which had much the appearance of being venereal; and finding that the only other child which the parents ever had was born with a similar rash, of which it died, I inquired at the father whether there was any cause to suspect that he was affected. He informed me that he had been poxed about six months before his marriage, and that his symptoms were chancres and sore throat; but that, having taken as much mercury as was judged to be sufficent, the symp-

toms having disappeared while under the course, and none having occurred again, although he had now been married three years, he could not possibly believe that the child was affected with this disease, particularly as no symptoms had appeared upon his wife." —"Two nurses were infected by the suckling of this child. The first became so much distressed with ulcers on her nipples, and pains in one of the mammæ, that she was obliged to leave the family; and although warned of her situation, and of the necessity of giving no suck to other children till the course of mercury she was put under was finished, she foolishly took home her own child, and in the course of two or three weeks he also was poxed." —"The nipples of the other nurse ulcerated, and she was soon thereafter seized with a venereal ulcer in the throat," &c.

The case thus distinctly stated by Mr Bell is complete in its kind, and we fully perceive how it bears upon the point in question. It is as strong a proof as can be advanced, of the inoculability of secondary syphilis. But there is a hiatus in the history; we are not told that the child could not have received the infection of chancre. On reading such a case, however, and in ignorance of researches so numerous, so precise, and so uniformly demonstrative of the fact, that secondary syphilis is not inoculable, as those of M. Ricord are, we should rest satisfied with such a proof of the opposite doctrine; but a series of questions naturally arises in the mind, after we have had ocular demonstration, that while the matter of chancre is always inoculable, the secretion of secondary symptoms has never proved contagious in the experience of the same most skilful experimenter. How does this happen, if the secondary syphilis is in reality inoculable? How is it that the proofs of its contagious nature are spoken of as something rare, and not as matters of daily experience, as the language of the upholders of this doctrine would lead us to suppose they should be? Opposed as these varieties are to the unsophisticated belief of all men, as exhibited in their conduct, however in accordance with the theory they uphold,—contradicted as they are by daily experience and clinical observation,—how are we to receive them in company with the thousand facts introduced to us by M. Ricord? Surely, in the absence of opportunity to examine their real merits, we may be allowed to express a doubt whether the whole facts have been properly appreciated. Remember that chancre has been detected where it was not suspected either by the patient or his physician; and that, in contradiction to the strongly expressed opinion of such a man as Hunter, it has been demonstrated to exist in the urethra. Consider that secondary syphilis has appeared in many who were, in reality, ignorant of having ever been the subjects of the primary disease; that chancre itself has been present, and the patient stoutly denied that such could be pos-

sible. Reflect that, if it is always an object to conceal one's shame from the world, it is frequently a source of joy to hide from ourselves a truth, which would mortify and distress us. Recollect by how many quibbles and lies the physician is daily thwarted in his search after a truth, from whose exposure the deceiver himself would be the first to benefit, and then say whether a great principle like that propounded by M. Ricord, and grounded on a mass of facts, distinct and precise, must give way to a doctrine with observations few and general for its basis. We confess our inability to explain these cases ; but we believe that enough will be found in this paper to warrant our emphatically expressing a doubt whether their intricacies were fully and fairly appreciated.

In fine, we cannot understand, how diseases, which are merely modified in their nature by a state of the system dependent on a cause which may have existed yesterday or ten years ago, should secrete a poison identical in essence with that to which they remotely owe their modification. Such a supposition is unsupported by reasoning, either direct or analogical.

The test of inoculation may sometimes prove valuable in medico-legal investigations.

Circumstantial evidence frequently aids in the elucidation of questions brought before the medical jurist. Cases sometimes involve questions relating to the venereal disease, and it would be difficult to decide whether we should be most surprised at the ignorance or rashness which characterize the manner in which they have oft-times been decided.

The presence of chancre is frequently adduced as a circumstance aiding in the proof of rape having been committed ; and the time is not long past when the coincidence of gonorrhœa in the man, and chancre in the woman alleged to have been violated by him, would have been at once received as strong corroborative evidence of the fact. But M. Ricord inquires, "if the gonorrhœal matter secreted by the accused be found not to be inoculable, is it not evident, if his disease be recent, that the coincidence of disease in both parties ought not to be received as condemnatory evidence ? Could we not, by this method of inquiry, show that persons accused of having communicated chancre, have determined only simple inflammation ? Could we not, by this direct and certain mode of diagnosis, negative hurtful imputations, and remove the doubt which otherwise would remain in the mind of the conscientious physician ? Such results would of themselves justify the numerous experimental researches I have made, independent of their having elucidated questions previously insoluble, and aided in the destruction of prejudices consecrated alike by authority and time."

*On the employment of Mercury in the treatment of Chancre.*—As the practice pursued by M. Ricord is detailed in the paper formerly referred to, we deem it unnecessary to republish his observations. We presume that the readers of this Journal are acquainted with the principles which guide him in the management of chancre generally, and are aware that indurated chancre is the only form of primary syphilis, for the cure of which he makes use of mercury. Without entering into detail, therefore, we shall endeavour to state in a few words what seems to be the state of science in reference to this most important question.

Syphilis and the whole train of morbid effects which result from the promiscuous congress of the sexes, were formerly ranged under one head; and the doctrine was established, that what is necessary for the cure of one symptom, is equally demanded for the treatment of the rest. Mercury was deemed a kind of panacea; patients were anxious and confident; physicians were generous; and rottenness and death were the frequent results of the indulgence of these sentiments.

But some men have continued to observe, the reason of things has been diligently searched for, and a degree of success has rewarded scientific efforts to discover the truth. As knowledge expanded, contracted views gave way. It was found that all the effects which result from impure sexual intercourse are not syphilitic, and the ancient doctrine was consequently condemned as being too inclusive.

The ground which was divided by the plough of the husbandman has been more thoroughly broken up by the spade of the gardener; and the consequence has been, that the dogma which declares that mercury is required for the treatment of venereal diseases, was supplanted by the doctrine, that mercury is essential for the cure of chancre, which in its turn has been succeeded by the sounder statement, that mercury is not a specific for the extinction of syphilis.

The power of this mineral has been chiefly recognized in its most striking effects, and conclusions deduced which a more perfect knowledge of the physiology of the tissues in which these effects are seen, and an acquaintance with the more delicate workings of this agent, may or may not warrant. When an opinion is formed on individual experience, subversive argument is of little avail, for self-esteem is attacked, and is interested in making a vigorous resistance; and when this opinion is backed by other individual experiences, the moral combat becomes more hopeless, because the self-estimation of many is assailed. Prejudice attaches us to the principles in which we are educated, and renders them objects of affection; and hence the obstinacy with which men cling to ideas with which they are familiar. The experience of the world has shown that partisans are sternly adhesive; that truth is more fre-

quently imagined than perceived; that the value of a reason is too seldom accurately measured; and that minds satisfied with partial knowledge far out-number the warm conscientious lovers of philosophy. We can readily perceive the reason why men spurned the great principle promulgated by Rose and Thomson. It was a heavy blow aimed at a favourite, long cherished opinion; but the truth will stand fast, despite the efforts of the boisterous declaimer, or the insidious endeavours of the smiling sophist. Rose and Thomson demonstrated an important truth, they incontrovertibly proved that mercury is not necessary for the cure of chancre, as chancre; and this the intelligent ingenuous mind will acknowledge, however much it may dissent from their method of applying it.

Chancre, as a local disease, is of little importance, but as a source of serious disaster, it demands our most anxious attention. M. Ricord has found that the chances of constitutional poisoning are in the direct ratio of the duration of the primary disease, and that the means employed for the removal of the primary sore have no specific influence in preventing the occurrence of subsequent calamities. It becomes a question of time, therefore, and ample experience has shown that unindurated chancre yields more rapidly to local than to mercurial treatment. But indurated chancre disappears sooner under the influence of mercury than simple local means, and as rapidity of cure is our object, we have recourse in this case to the agency of this mineral. There is a compound half-acknowledged belief in the minds of many, that mercury cures indurated chancre, by virtue of a kind of antidotal property, and that the constitutional disease is less likely to originate from a sore which has been removed through its agency, than from one which has been subdued by simple means. This, however, is a mere fancy, and is not supported by accurate observation. Mercury has no specific action on chancre, whatever it may have on the constitutional effects consequent on the absorption of the poison of syphilis; and, far from guaranteeing against the occurrence of the signs of general empoisonment, it does not even modify these evidences, unless the constitution has been injured by its mal-administration.

The indication for the exhibition of mercury in primary syphilis, is to remove the induration, which is a bar to the healing of the sore. We do not deny that simple chancre may disappear under its influence, but we think that it cures the disease on a common principle,—a principle identical with that which we recognize in the cure of chancre by local stimulants. Mercury is a general stimulant to the capillary system, and it cures a local specific inflammation, by inducing a general inflammation of another kind, in which the local disease participates. The same principle is illustrated in the cure of the constitutional symptoms, for, as it is certain that these symptoms are referable to a poison or morbid

stimulant having circulated, by which the irritability of the capillary system of vessels has been modified and rendered obnoxious to common causes, rather than to a virus circulating and presently urging them to diseased action, so, by virtue of its generally stimulating property, mercury excites these deranged vessels to another action, and the symptoms of uncleanness fade and disappear.

The great object with many practitioners is to induce ptyalism or mercurial stomatitis; but although these are evidences that the constitution feels the influence of the remedy, they are effects to be avoided, and not indications to be fulfilled. M. Ricord has shown that the indication for the exhibition of mercury is the removal of the induration which prevents or retards the healing of the sore. The indication no longer exists when this induration is so far removed as to cease to be an impediment to the salutary operation of local means, or when the mercury has commenced to exert a baneful influence on the constitution, as evidenced by inflammation of the salivary glands, soreness of the mouth, &c.

Much importance is justly attached to the induration which characterizes the Hunterian, the typical form of chancre; but, so far as we are aware, no one has attempted to indicate the cause, or point out the real nature of this induration. It is dependent either on simple or specific inflammation. If it depends on a specific inflammation, why are the exceptions to its presence so frequent? We believe that it occurs independently of any specific nature in the irritant, and that the inflammation which occasions it is as different from the specific inflammation of syphilis, as that which gives origin to phlegmon in the cellular tissue which envelopes a diseased gland is different from the specific inflammation of which that gland is the subject. It seems to be determined by the tissue which is the seat of disease; for, when the sore is superficial and confined to the mucous membrane, no induration occurs, whereas if the inflammation extends to the cellular tissue, lymph is effused, and we have the true Hunterian chancre. The effusion of organizable lymph is a healthy process; it is a means adopted by nature to arrest the progress of local mischief, and in it we see an additional evidence of chancre being a local disorder. If the constitution is seriously deranged, the adhesive inflammation will not take place, but the chancre will assume another character, and operate more destructively on the tissues. Induration, or the effusion of organizable lymph, is an every day effect of common inflammation, and we see no reason why in this case it should be regarded as the specific effect of a specific cause.

So far as we have seen, we are warranted in making the observation, that ulceration or suppurative inflammation are necessary effects of the presence of the syphilitic virus; and from this we would infer, that, when the cicatrization of a chancre is complete,

all chance of relapse ceases to exist. We say all chance of the recurrence of chancre ceases, not the recurrence of ulceration. These remarks we offer, because it is a common belief, and one in which our author participates, that induration *per se* is a source of danger. But although ulceration may recur after cicatrization has been complete, we are aware of no facts which prove such relapse to be syphilis, except when induced by sexual intercourse ; and consequently we think that those practitioners are in error who persevere in the use of mercury until all hardness is discussed. Hardness sometimes persists for years, or even for life.

In conclusion, the existence of chancre, or the supposition that a sore is syphilitic, is no reason in itself for mercury being exhibited ; for experience has amply proved that chancre, as chancre, does not require the administration of this mineral either to heal itself, or to prevent its effects from taking place ; and we are practically taught, that when it cures the primary disease, it does not guarantee against the occurrence of secondary syphilis. Although mercury is frequently required to aid us in the cure of chancre, we are not warranted either in rendering the present state of the patient worse than it was, or in so modifying his constitution, that affections as bad as those we wish to avert, may occur at some future period on the application of common causes. Mercury is only applicable to the cure of indurated chancre, and its exhibition should cease when the sore is susceptible of the influence of simple local remedies.

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